



Mailed orig.

3/3/98



Cal/EPA

State Water
Resources
Control Board

Mailing Address:
P.O. Box 1977
Sacramento, CA
95812-1977

901 P Street
Sacramento, CA
95814
(916) 657-0919
FAX (916) 657-1011

February 6, 1998

S MARIO STVALE
MCDONNELL DOUGLASS REALI
4060 LAKEWOOD BLVD GTH FW
LONG BEACH, CA 90808-1700

4 19S002911

cc: Fred Gross ✓ 2-24-98
Michael Young ✓



Pete Wilson
Governor

RE: YOU MUST FILE A NEW NOTICE OF INTENT (NOI)

On April 17, 1997, a new Industrial Activities Storm Water General Permit (General Permit) was adopted that replaced the expired General Permit. Although you had filed an NOI for the expired General Permit, federal regulations require you to file a new NOI for the new General Permit.

In May 1997, we sent you a copy of the new General Permit along with a specially prepared NOI for your review, signature, and return. To date, we have not received this NOI. Enclosed is another copy of the NOI. Please review the information on the NOI for accuracy, make any necessary corrections, sign the certification section, and return the NOI to:

Storm Water Processing Unit
State Water Resources Control Board
P.O. Box 1977
Sacramento, CA 95812-1977

There is no fee associated with returning the enclosed NOI. If you would like a copy of the new General Permit or have any questions, please call us at (916) 657-0919 (FAX 916/657-1011). The General Permit is also available on the Internet at www.swrcb.ca.gov.

Sincerely,

Bruce A. Fujimoto, Chief
Storm Water Unit

State of California State
Water Resources Control Board
NOTICE OF INTENT
For Existing Facility Operators



002911

**TO COMPLY WITH THE TERMS OF THE
GENERAL PERMIT TO DISCHARGE STORM WATER
ASSOCIATED WITH INDUSTRIAL ACTIVITY (WQ ORDER No. 97-03-DWQ)**

This Notice of Intent (NOI) is being sent to all facility operators that were enrolled under the prior Industrial Storm Water General Permit that has now expired. A new General Permit has been adopted to replace the expired one. To enroll under the new General Permit, review this NOI (and make any necessary corrections), sign the CERTIFICATION on the reverse side, and return this original NOI within 45 days of receipt to: STORM WATER NOI PROCESSING UNIT, STATE WATER RESOURCES CONTROL BOARD, PO BOX 1977, SACRAMENTO, CA 95812-1977

FACILITY OPERATOR INFORMATION:

NAME: ~~MCDONNELL DOUGLASS REALTY CO~~ *Boeing Realty*

STREET: 4060 LAKEWOOD BLVD *6TH FLOOR* *Corporation*

CITY, STATE, ZIP: LONG BEACH, CA 90808-1700

WDID: 419S002911

CONTACT & PHONE

S MARIO STAVALE
(562) 627-3014

Stavale

FACILITY LOCATION:

NAME: ~~DOUGLAS AIRCRAFT COMPANY~~ *Products Division*

STREET: 19503 SOUTH NORMANDIE AVE.

CITY, STATE, ZIP: TORRANCE, CA 90502

County: Los Angeles

CONTACT & PHONE

ROBERT TUELL
(310) 533-5716

FACILITY MAILING ADDRESS: (IF DIFFERENT THAN FACILITY LOCATION)

STREET OR POST OFFICE BOX:

CITY, STATE, ZIP:

ADDRESS FOR CORRESPONDENCE - SEND TO: (CHECK ONE)

☒ Facility Operator Address ☐ Facility Mailing Address ☐ Both

BILLING ADDRESS INFORMATION - SEND TO: (CHECK ONE)

☒ Facility Operator Address ☐ Facility Mailing Address ☐ Other (enter below)

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

CONTACT PERSON: _____ PHONE: _____

SIC(S) OF REGULATED ACTIVITY:

3728 Aircraft Parts & Auxillary Equipment, not elsewhere classified

(CERTIFICATION continued on the reverse side)

CERTIFICATION:

WDID: 4 19S002911

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition, I certify that the provisions of the permit, including the development of and implementation of a Storm Water Pollution Prevention Plan and a Monitoring Program Plan, will be complied with."

Printed Name: S. Mario Stavale

Signature: *S. M. Stavale* Date: 3/3/24

Title: Project Manager